



THRIFT SAVINGS PLAN

TRANSFER OF INFORMATION BETWEEN AGENCIES

TSP-19

This form contains the Thrift Savings Plan (TSP) account information that gaining agencies must obtain when employees transfer from other Federal agencies or when employees change payroll offices. Gaining agencies must obtain this information whether or not the employee is contributing to the TSP. Provide a copy of this form to the employee and forward the original to the gaining agency payroll office. A copy may also be filed in the employee's Office Personnel Folder.

Section A Employee Information

1. Name _____
Last (First) (Middle)
2. Social Security No. _____ - _____ - _____ 3. Date of Birth _____ 4. Effective Date of Transfer _____
(Month/Day/Year) (Month/Day/Year)

Section B Enrollment, Allocation, and Loan Information to Be Transferred

Enrollment Information

Enter the contribution amount using **either** Item 5 (a whole percentage of basic pay per period) **or** Item 6 (a whole dollar amount per pay period) **but not both**. For a FERS employee who is not contributing to his or her TSP account, check Item 7. For a CSRS employee who is not contributing, leave Items 5-7 blank.

5. _____ .0% OR 6. \$ _____ .00 7. ☐ (Noncontributing FERS)
8. TSP Service Computation Date _____ 9. TSP Vesting Code _____ 10. TSP Status Code _____ If T: New eligibility date
(FERS only. This date must be (Month/Day/Year) Enter the number of years required for vesting (FERS only) Enter the appropriate code: (Month/Day/Year)
January 1, 1984 or later.) Y = Elected to contribute
N = Not contributing
I = Not Eligible to contribute
E = Eligible to contribute
T = Terminated contributions
11. TSP Status Date _____
Enter the date that applies (Month/Day/Year)
to the TSP Status Code.

Allocation Information

Enter the percentage of contributions that the employee has chosen to have invested in each fund. Percentages must be multiples of 5%. The total of Items 12, 13, and 14 must equal 100%. For a noncontributing FERS employee who has not elected to allocate his or her Agency Automatic (1%) Contributions, enter 100% in the G Fund. For a noncontributing CSRS employee, leave these items blank.

12. **G Fund** Government Securities Investment Fund _____ .0%
13. **F Fund** Fixed Income Index Investment Fund _____ .0%
14. **C Fund** Common Stock Index Investment Fund _____ .0%
- Total** 100.0%

Loan Information

15. Does employee have a TSP loan? (check one) ☐ No ☐ Yes If yes, complete Items 16 through 20.
- First Loan** 16. Account Number: _____ 17. Payment Amount \$ _____
- Second Loan** 18. Account Number: _____ 19. Payment Amount \$ _____
20. Pay cycle is (check one): ☐ Biweekly ☐ Monthly ☐ Weekly

Section C Identification of Losing Agency

21. Agency Name and Location _____ 22. Payroll Office _____
(8-digit Identifying Number)
23. Name of Contact Person _____ 24. Telephone () _____
(Area Code and Number)

Section D Certification by Gaining Agency

25. Gaining Agency Payroll Office _____ 26. Agency Code (Optional) _____
(8-digit Identifying Number)
27. _____ 28. Date Signed _____
Signature of Authorized Certifying Official
29. Remarks _____

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Form TSP-19 (Revised 10/96)
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